



“TRAUMATIC BRAIN INJURY IN RETURNING VETERANS” (A024)

2009 Videoconference Series

Quiz for General CEUs, Act 48, CAC/CCDP, CME, CPRP, NBCC, Personal Care Home Administrators, Psychologist or Social Work/LPC/LMFT Continuing Education Credit (2.0 credit hours)

DIRECTIONS: Complete this test after viewing the web cast of the videoconference listed above.

In order for Western Psychiatric Institute and Clinic to record that you completed the training, please complete this test and the Application/Validation for Continuing Education Credit on the next page. After finishing, sign where indicated on the second page and return both forms by mail to:

Jennifer Lichok
WPIC/OERP
4601 Baum Building, Room 178
3811 O'Hara Street
Pittsburgh, PA 15213

TRUE/FALSE – Indicate whether the statements below are TRUE or FALSE.

- 1. Injury to the head that causes amnesia in the context of an emotional trauma will help prevent the development of PTSD.**
A. True
B. False
- 2. Mild traumatic brain injury is strongly correlated with the development of PTSD 3-4 months past concussive injury.**
A. True
B. False
- 3. Approximately half (50%) of persons who experience mild TBI continue to have symptoms six months after their head trauma.**
A. True
B. False
- 4. Displacement of the individual due to pressure load from an explosion is considered a tertiary blast injury**
A. True
B. False
- 5. Mild Traumatic Brain Injury is not as difficult to diagnose in veterans as many people think because it has few symptoms that overlap with the type of disorders likely to be seen in veterans who have served in a combat environment.**
A. True
B. False
- 6. Mild TBI is characterized by a loss of consciousness of fifteen minutes or less, a GCS score of 13-15 after 30 minutes, and Post Traumatic amnesia of less than 24 hours.**
A. True
B. False

PLEASE CONTINUE TO NEXT PAGE



MULTIPLE CHOICE – Please choose the BEST answer.

- 7. The DMS-IV criterion for PTSD does NOT include:**
 - A. Exposure to a life threatening or perceived life threatening traumatic event
 - B. Efforts to re-experience the trauma or similar events as a way of coping with it
 - C. Hyper-arousal
 - D. Intrusive memories of the traumatic event
- 8. All of the following are symptoms of PTSD that can overlap with TBI EXCEPT:**
 - A. Insomnia
 - B. Subdued, blunted affect
 - C. Poor concentration
 - D. Amnesia
- 9. Atypical antipsychotics that may be of benefit in treating behavioral problems in TBI include all of the following EXCEPT:**
 - A. Thioridazine
 - B. Ziprasidone
 - C. Olanzapine
 - D. Risperidone
- 10. Veteran John Smith experienced a mild TBI from an Improvised Explosive Device (IED) while serving in Iraq. He also experienced numerous psychologically traumatic events while serving in Iraq. He now reports cognitive symptoms and affective symptoms that began gradually six to twelve months after his return from deployment. The most likely diagnosis is:**
 - A. Post-Concussional Disorder
 - B. Post Traumatic Stress Disorder
 - C. A & B
 - D. None of the above



*Western Psychiatric Institute and Clinic
Office of Education and Regional Programming*

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**APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR
General CEUs, Act 48, CAC/CCDP, CME, CPRP, NBCC, Personal Care Home
Administrators, Psychologists and Social Work/LPC/LMFT (2.0 CREDIT HOURS)**

INSTRUCTIONS: In order for Western Psychiatric Institute and Clinic to record the credit you earn by viewing this program, we request that you follow the directions below:

1. Print your name, address, and social security number clearly below.
2. Sign the statement affirming your attendance at the session.
3. **Return with payment to:**

Jennifer Lichok
WPIC/OERP
4601 Baum Building, Room 178
3811 O'Hara Street
Pittsburgh, PA 15213

I hereby affirm that I viewed the videoconference web cast indicated above:

Signature

Date Completed

PLEASE PRINT CLEARLY:

Social Security Number (last five digits only)

Mailing Address

Name

City

State

Zip Code

Phone #

Email address

TYPE OF CREDIT: *Please Indicate Your Certification Needs*

<input type="checkbox"/> CAC/CCDP: Certified Addiction Counselor	<input type="checkbox"/> CME: Physicians, CRNP, PA
<input type="checkbox"/> CPRP: Certified Psychiatric Rehabilitation Practitioner	<input type="checkbox"/> CEU: General Continuing Education Credit
<input type="checkbox"/> NBCC: National Board of Certified Counselors	<input type="checkbox"/> PCHA: Personal Care Home Administrator
<input type="checkbox"/> Psychologist	<input type="checkbox"/> SW/LPC/LMFT: Social Work
<input type="checkbox"/> Act 48 (Educators) Professional Personnel ID #: _____ (please complete Act 48 packet)	

PAYMENT ENCLOSED:

- \$30 for Act 48, CAC/CCDP, CME, CPRP, NBCC, PCHA, Psychologist or Social Work credit.
- \$15 for General CEU (**not** for professional licensure)

PAYMENT TYPE:

- Check # _____ (Check payable to OERP/WPIC)
- Credit Card # (_____ Expiration Date: _____ ID#: _____
Type of Credit Card: _____ Signature _____
- UPMC Account Transfer: Dept. ID: _____ Account # _____
Administrator's Name _____ Administrator's Signature _____

Please mail these two forms to the above address. If your score is 80% or above, you will receive a certificate via mail. If you have any questions please call Jennifer Lichok at 412-802-6915.

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